

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-026364

STATE FILE NUMBER

DECEASED AUG 11 1958 Registration District No. 243 Primary Registration District No. 4364 Registrar's No. 70

1. PLACE OF DEATH a. COUNTY Newton		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY McDonald	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Stella		c. CITY OR TOWN Rocky Comfort	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Cardwell Memorial		d. STREET ADDRESS (If outside, give location)	
3. NAME OF DECEASED (Type or print) First JAMES Middle BROCK Last CANTRELL		4. DATE OF DEATH Month May Day 27 Year 1958	
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> 0 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Jan. 18, 1870
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY farming	9. AGE (In years last birthday) 88
11. BIRTHPLACE (City and state or country) Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Dewitt Cantrell		13b. MOTHER'S MAIDEN NAME Lyct McIntyre	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) unknown		16. SOCIAL SECURITY NO.	
17. INFORMANT Mrs. L. B. Berry-Neosho, Missouri		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Fracture rky femur Fallout of Bed Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) 9029 DUE TO (c) 45 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		INTERVAL BETWEEN ONSET AND DEATH about 7 days	
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Fellout Bed	
20c. TIME OF INJURY Hour 10:13 Month N Day Colleg Year Neosho Mo			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Neosho	
21. I attended the deceased from Feb 1958 to 5-27-58 and last saw her alive on 5-27-58 Death occurred at 1 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.		20f. CITY, TOWN, OR LOCATION Neosho COUNTY Newton STATE MO	
22a. SIGNATURE Melvin McElroy		22b. ADDRESS Neosho Mo	
22c. DATE SIGNED 7/21/58			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE May 29, 1958	
23c. NAME OF CEMETERY OR CREMATORY Muncey Chapel Cem.		23d. LOCATION (City, town, or county) (State) Wheaton, Missouri	
24. FUNERAL DIRECTOR Culver's		25. DATE RECD. BY LOCAL REG. 7-30-58	
26. REGISTAR'S SIGNATURE Melvin McElroy			

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

RECEIVED

District Health Officer No. *Newton*

District File Number *858-159*

Date Filed *AUG 6* 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Margaret C. Henbest*

Licensed Embalmer No. *4389*

P. O. Address *Cassville, m*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.